## **Community Leadership Academy**

**Contact Information** 



Please note: Class sizes will be limited to 18 participants. By completing this application, you confirm you are both willing and able to attend all sessions of the 2022-2023 Academy.

Name				
Street Address				
City ST ZIP Code				
Home Phone				
Cell Phone				
E-Mail Address				
Interests				
	o participate in the Ashland Community Leadership Academy:			
Other Information				
Live or work in Ashland?				
Live or work in Ashland?  Are you fluent in English? If not, what is preferred language?				
Are you fluent in English? If not, what is preferred				

Memberships (Fraternal,
Business, Church or Social
Groups with positions held)

\_\_ < 30

## **Permission for Photography**

I hereby give my permission for the Town of Ashland and/or Community Leadership Academy Sponsors to use any still photograph or video footage in which I may appear for publicity purpose(s). I do this voluntarily and with the understanding there is no remuneration.

Signature:		Date:		
Release of Liability In consideration of participant being allowed to participate in the registered program, the undersigned hereby releases the Town of Ashland and/or Community Leadership Academy Sponsors, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the Town of Ashland and/or Citizen Academy Sponsors, its agents or employees. This release shall have no effect with regard to damages caused by the Town of Ashland's and/or Community Academy Sponsors' gross negligence. In the event the Town of Ashland and/or Community Leadership Academy Sponsors or a volunteer provides transportation, this waiver and release shall extend to and release the driver or Town of Ashland's and/or Community Leadership Academy Sponsors' employee driver from any and all liability aforesaid. Permission is given for any emergency medical treatment, operation or anesthesia that might become necessary. I agree to be responsible for the expense of medical treatment or service.				
Signature:		Date:		
Voluntary Survey  By filling out this section, you will help ensure our goal to have diverse representation in the program.  Please check the relevant data that applies to you.  Gender (please circle): Male / Female/ Other  Race (please circle): Caucasian / African American / Hispanic / Asian / Native American / Other, please specify:				
Age:				

Please email your completed application to Martha Miller at <a href="mmiller@ashlandva.gov">mmiller@ashlandva.gov</a> or send via U.S. Mail to PO Box 1600, Ashland, VA 23005. The application deadline is November 15, 2022, at 11:59 PM. By submitting this application, you confirm that you are both willing and able to attend all sessions of the 2022-2023 Community Leadership Academy. Any required fees are payable upon acceptance to the program. Class selections will be made based on strength of application, civic leadership potential, and diversity of the applicants. The Town of Ashland does not discriminate based on race, color, national origin, sex, religion, age, sexual orientation, or disability in employment or the provision of services.

50 – 69

30 - 49

\_\_ > 70